



*IPW*

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) MSE-2650	
Application Number 10/694,376		Filed October 27, 2003	
For OPTICAL REAGENT FORMAT FOR SMALL SAMPLE VOLUMES			
Art Unit 1743		Examiner Neil N. Turk	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$ 120.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))		\$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))		\$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))		\$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))		\$
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to		
Deposit Account Number		50-4181 (247082-000036USPT) I have enclosed a duplicate copy of this sheet.	
I am the	<input type="checkbox"/>	applicant/inventor.	
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
	<input type="checkbox"/>	attorney or agent of record. Registration Number _____	
	<input checked="" type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 41,774	
_____ Signature		_____ Date	
John C. Gatz		(312) 425-3900	
Typed or printed name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of 1 forms are submitted.		

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 3, 2007

Signature: *Julie A. Burke* (Julie A. Burke)

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